

Rhône-Poulenc Rorer Interoffice Correspondence

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|-------|------------------------------|-------------|------------------|
| Date: | July 10, 1997 | Information | M. Savitzky |
| To: | Geraldine Lancelot | Copies To: | |
| From: | Janet E. Shepherd <i>JES</i> | | COMPUTER ENTERED |

Subject: **File No. EX95001- US**
Dec/POA and Assignment

*Statute Check 14-
return of operation
Decl. 8/7/97*

Thank you for your letter of June 12, 1997, instructing us to prepare and file the US national stage entry of FR96/00218 prior to the August 14, 1997 deadline.

Enclosed please find the Declaration/Power of Attorney for filing in connection with the above. Please have the document signed and dated by the inventors and returned to Martin Savitzky in Collegeville via courier as soon as possible.

We await your confirmation/identification of which inventors can assign their rights to Inserm for the purpose of preparing the Assignments in this case. ✓

Thank you.

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**MEDICINAL COMBINATION USEFUL FOR IN VIVO EXOGENIC
TRANSFECTION AND EXPRESSION**

the international specification of which was filed on **February 12, 1996** as Application Serial No. **PCT/FR96/00218** which notice of transmission was given on **August 22, 1996**, by the International Bureau. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of a foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

| Prior Foreign Applications(s) | | | Priority Claimed | |
|-------------------------------|---------------|-------------------------|------------------|---------------|
| <u>FR95/01662</u> | <u>France</u> | <u>14 February 1995</u> | <u>X</u> | <u> </u> |
| (Number) | (Country) | (Day/Month/Year Filed) | Yes | No |
| <hr/> | | | | |
| (Number) | (Country) | (Day/Month/Year Filed) | Yes | No |

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application:

| (Application Serial No.) | (Filing Date) | (Status-Patented, Pending or Abandoned) |
|--------------------------|---------------|---|
| <hr/> | | |
| (Application Serial No.) | (Filing Date) | (Status-Patented, Pending or Abandoned) |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or

French
Citizenship

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|--------------------------|------------------------|
| <u>Michelle WEBB</u> | <u>French</u> |
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| City | City |
| <u>FRANCE</u> | <u>Same</u> |
| State (Zip) or Country | State (Zip) or Country |
| <u> </u> | <u> </u> |
| Date | Signature |